

BALTIMORE COUNTY



Selection of Focus Area

Access to care has been an ongoing issue of concern in Baltimore County for many years. Several groups, including the Baltimore County Health Council, contributed information and assisted in the selection of the focus area for the Health Improvement Plan. The selection was unanimously agreed upon by the Local Health Officer and the Local Health Department Bureau Chiefs. In addition to access to care, the Baltimore County Health Department's priorities for FY 2001 are: infant mortality and infants with low birth weight, risk-taking behaviors of teens, outreach to the homeless, and the health and social needs of seniors.

DEMOGRAPHIC OVERVIEW

Estimated Population, by Race – 1998

Total	721,880
White	80.6%
Other	19.4%

Estimated Population, by Age – 1998

Under 1	8,920	18-44	286,530
1-4	34,160	45-64	161,510
5-17	117,450	65+	113,310

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 465.6

Infant Mortality Rate 1995-1999 7.8

Estimated Mean Household Income – 1999 \$67,700

Estimated Median Household Income – 1999 \$51,700

Civilian Unemployment Rate, Annual Average – 1999 3.7

Labor force (Top 4) – 1995

Services	133,900	Government (Federal, Military)	52,600
Retail Trade	82,400	Manufacturing	39,400

Sources: Maryland Vital Statistics, 1999
Maryland Department of Planning, 1995, 1998, 1999

Increasing Access to Care by Eliminating Barriers in Baltimore County

Definition

Access to care may be defined as an ability to secure medical services and resources in response to a health care need. Implicit in this statement is that these endeavors must be unencumbered. There must be an ability to pay for services, adequate supply of health care providers who can communicate in a culturally sensitive environment, and the availability of transportation for medical appointments.

Problem

Many factors may act as barriers to accessing health care services, including lack of health insurance, unsuitable transportation, inability to communicate in a common language, and misunderstandings due to cultural differences.

If an individual lacks health insurance, he or she is likely to avoid screening and treatment for preventable illness and will only address the condition when it reaches a critical stage. Many of the patients end up in the emergency room, adding millions of dollars in cost to the hospital system annually. Other poor families must choose between medical attention and providing food and shelter for their families, usually opting for the latter. Baltimore County has a substantial uninsured population.

Lack of transportation to a medical appointment frequently results in a cancellation. If the perceived transport mode is anticipated to complicate other life issues, such as work or school, the appointment probably will be delayed or not rescheduled at all. Baltimore County's transportation system is complex and limited.

The migrant and immigrant population poses a special challenge for county health care providers. First, there are language barriers, for which there are limited resources. Translation services are costly and not widely available. Secondly, many physicians and other health care practitioners are unfamiliar with minority client needs and cultural differences. For example, among some groups, there is a distrust of doctors and the health care system in general, while other cultures may not allow a male doctor to examine a female patient. There is no formal set of guidelines to address these issues. Baltimore County has increasing minority and immigrant populations.

Determinants

Uninsured

Although the majority of Baltimore County residents have some form of health insurance, there are more than 93,000 people who don't. Many of these are the working poor. While the new federal/state Children's Health Program provides coverage for many of the previously uninsured children, approximately 16,000 children and an additional 70,000 adults still lack coverage.